

# Trauma Care Evolution in the Volume to Value Revolution

Trauma 2015:  
California's Future  
5/6,6/2, 2015

BJ Bartleson, RN, MS, NEA-BC  
VP Nursing & Clinical Services  
bjbartleson@calhospital.org



## Revolution vs. Evolution

### HEALTH CARE BUSINESS MODEL REVOLUTION

- Momentous sweeping change



### TRAUMA CARE EVOLUTION

- Growth, progress



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## California Statewide Trauma Plan 2014 (Draft)

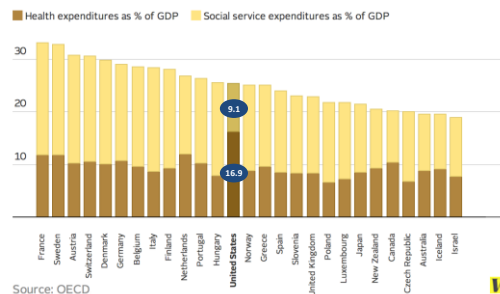
- State Trauma System Strategies and Policy Directions
- Trauma System Financing – Sufficient resources for direct patient care & statewide trauma system oversight



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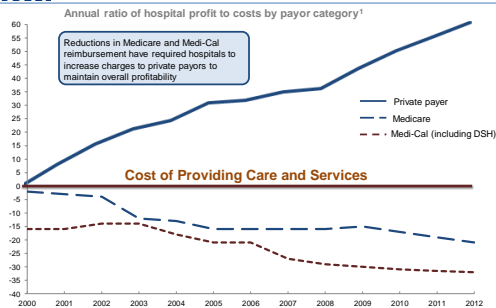


## US Health & Social Spending Anomaly



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## Cost Shift in California



<sup>1</sup>Estimates

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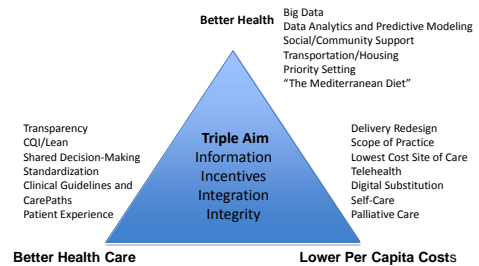
## Key Questions for Health System Leaders

- What's going to force us to change?
- How do we get from here to there?
- How big do we have to be?
- Do we have to be big nationally or dominant regionally, or both?
- Can we take risk? And do we make, buy or ally for risk bearing?
- What assets do we have to bring together, and do we have to own them all?
- What are the key competencies?
- Do we have the people, leaders and culture to pull this off?

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## Triple Aim



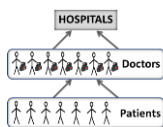
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## Transforming for Tomorrow: From Providing Care to Managing Care

The Business Model Is Changing *Because it Has to Change*

History-Today



2014 and Beyond



VOLUME → VALUE

Source: Kaufman Hall and Asalec.

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## Transforming for Tomorrow: From Providing Care to Managing Care

The Business Model Is Changing *Because it Has to Change*



By bringing all providers under the umbrella of a global payment, caregivers can all be on the same page, and the patients ideally receive coordinated care with a focus on prevention – since providers are encouraged to keep their patients healthy and not just earn more by doing more tests and procedures.

FFS → BUNDLED PAYMENT → GLOBAL PAYMENT → CAPITA

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## Obstacles and Opportunities

- How does sweeping financial reform affect California trauma care?
- Will we see trauma center supply “roller coaster”
- Can we sustain the high fixed costs of inpatient trauma care as we shift into new payment models?
- Will our data and information systems mature fast enough to answer, “how many trauma centers do we need and where”, and what are our trauma care outcomes?
- Will society fund injury prevention efforts?

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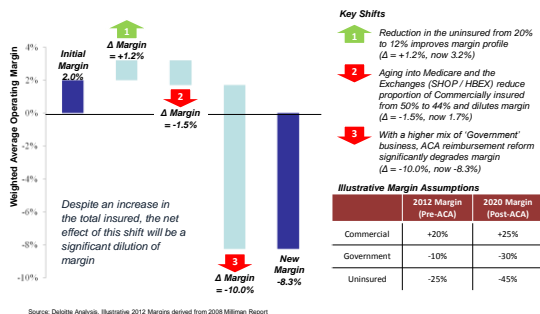
## The Journey is Treacherous

Significant change will depend on aligned incentives



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## Environmental Scan: Coverage Shifts



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## Trauma Care Finance & ACA

- The ACA included three separate trauma care grants
  - None were funded
- The Trauma Care Act of 2014 added Burn Centers now eligible for grant funding
- No "Trauma Care Fund" since 2005
- Minimal "Maddy Funds"
- Increased "fixed costs" for new ACA "orange book" requirements
- Minimal data to analyze fiscal status of trauma system



## Trauma Care Financing

- Trauma care cost deficits often leveraged against other service revenue producers
- Next Steps:** As outline in the Trauma Plan: Bring stakeholders together to identify the systems current financial status, perform a gap analysis against projected ACA changes and design a transformed trauma system

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## Trauma Care Data

- AB 430** ( Hernandez) Trauma Center Evaluation, right question, wrong solution
- AB 503** (Rodriquez) EMS Disclosure, CHA's bill to increase hospital protection under CMIA to share PHI for CQI purposes
- Next Steps:** Aggressive attention on NTDB, system standardization to assess performance

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## Moving Trauma to a Population Health Model- Prevention

- Trauma is a Ca. \$18 billion public health problem, (medical and work loss)
- ACEP report – Ca. "B+" Public Health/Injury Prevention
- Most trauma care still episodic, less coordinated
- Next Steps:** The financial incentives will realign focus on health & prevention, targeting 2006 HRSA Model Trauma System Planning and Evaluation- inclusive, coordinated, connected "system of systems" using epidemiologic data within the community

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## Trauma & Burn Inclusive Systems

- Unique characteristics of care to emphasize & model
  - Inclusive systems recognizing the continuum from prevention, care, rehab, research, education
  - True Interdependent care teams that include the patient, family and all providers



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## Trauma & Burn Inclusive Systems



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## Summary

- Aggressive attention to data, care and cost outcomes and need for trauma care and prevention – develop a population health strategy for trauma
- Make objective comparable data visible to public, payers, policymakers
- Think globally but act locally and use RTCC's as cross fertilizers, conveners and connectors
- Move statewide trauma providers to an inclusive system incentivized to prevent traumatic injury
- Develop a Trauma Transforming for Tomorrow Task Force to build roadmaps for change



## Order From Chaos

- “A system is defined as chaotic when it becomes impossible to know what will happen next”,  
 “disorder can be a source of new order, growth appears from disequilibrium, not balance.... These conditions are necessary to awaken creativity” .....

M. Wheatley



## Questions



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